COMMITTEE NAME (Must be same as on Statement of Organismostative)	JE .			
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Cohoon for same as on Statement			(Rev. 02/96)	DISCLOSUF REPOR
Cohoon for Representative	nization)		For Office Use On	
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(8) Support State of Candidate (2) Statewide PAC (3) State Page (8)		1	Audited	1-12-11
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (5) County PAC (6) Ballot issue/Franchise Committee (7) County/City C.	4)County/Local Candidate		Computer	
SIGNATURE OF	- Committee	- 1		-
OF TREASURER (or person out	310 ==			
SIGNATURE OF TREASURER (or person filling this report)	319-752-952	1		
1 61131710 - 6	TELEPHONE		Jan. 6	2011
SEE INSTRUCTIONS	Reports D.		DATE SIGN	ED.
Penalties Due For Late Filed SEE INSTRUCTIONS ON BACK AND COMPLETE THE FO	Range fro	m \$10 to	\$400	
AM FILING A Dec 31	LLOWING ST.		4400	
(5), 2010	SENTEN	CE:	4 1	
(report date) RE	PORT FOR ANIA		• •	-
JURIECK IF AMENDMENT TO BEDDE	- (1) EL	ECTION /(2)NON-ELEGE	စ္ ်က်
CHECK IF AMENDMENT TO REPORT DATED	PORT FOR ANIA (1) EL	ndicate one	3 T	YEAR. ≟
Check if this is s				· 550
(You must continue to file report and attach Notice of Disso (You must continue to file reports until a Notice of Dissolution		Local Comi	mittees, enter Date of E	lo al
to the reports until a Notice of Disso	lution Form DD a	Č.	_	rection
Ussolution	is filed.)	Which Flori	ocal Committees, enter on is held	
ASH ON HAND at the beginning of the reporting period. (This is the community of all monies held by the committee. This amount MUST be the or must be zero if this is the end of the community of must be zero if this is the end of the community of	1	which Election	on is held	County in
of all monies held by the committee. This amount MUST be the or must be zero if this is first report filed.	d			
Schedule A. O.	d,	··· \$	2.050	
Schedule A: Cash Contributions total (Area)	a, 	···\$	2,068.61	
Schedule A: Cash Contributions total (Attach Schedule A)	a,		2,068.61	
Schedule A: Cash Contributions total (Attach Schedule A)	a,		2,068.61 2.47	
Schedule A: Cash Contributions total (Attach Schedule A)	a,		2,068.61	
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CONTRIBUTIONS - MONEY TAKEN

(including candidate's personal funds)

SCHEDULE A STATE CANDIDATE	MONETARY RECEIPTS				
CHECK IF					
AMENDING					
j	FORM				

Page__1_

(for Schedule A)

of

COMMITTEE NAME (Must be same as on Statement of Organization)

Cohoon for Representative

STATE CANDIDATES NOTE:

IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOW.

caution: Section 68b.32a(6), Iowa Code, prohibits the use of information from reports and statements for soliciting contributions or for any commercial

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR		
RECEIVED	& PAC CHECK	TEDDICESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT
40.00	number		TO CANDIATE	RECEIVED
10/27/2010		Casebine Credit Union		
thru	CK#	2115 Des Moines Ave.		\$
12/31/2010		Burlington, Iowa 52601		2.4
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		,	SUB-TOTAL S	
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		TOTAL (if last page of this schedule) \$		
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* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by

marrage) (See Page 2 of forms packet). If surname of contributor is the same as candidate, but there is no

familial relationship, enter "not applicable" in the relationship column.